Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural R	desources June 19, 2008
1625 N. French Dr. Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesta, IVM 882 10	OOP CONSERVATION DIV	/ISION 30-005-63303
		D.,
1000 Rio Brazos Rd., Aztec, NM 87410 0 2 6	20 South St. Flancis	STATE TEE
	2016 Santa Fe, NM 87505	0. 0 0. 0. 0. 0. 0. 0.
1220 S. St. Francis Dr., Santa Fe, NM		26828
87505	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL		ACK TO A
DIFFERENT RESERVOIR. USE "APPLICA"	ION FOR PERMIT" (FORM C-101) FOR SU	CH Willow Springs "19" State
PROPOSALS.)	W H M Od	8. Well Number 2
31	s Well 🛛 Other	
2. Name of Operator	D. D.G.	9. OGRID Number
	Energy, INC J	149441
3. Address of Operator	'. 1100 M' II 1 TW 70701	10. Pool name or Wildcat
	ite 1100 Midland TX 79701	Pecos Slope Abo
4. Well Location		√
Unit Letter N :	660 feet from the South	line and 1980 feet from the West line
Section 19	Township 4S Range	25E NMPM County - Chavez
	1. Elevation (Show whether DR, RKI	
	3,919 GR	, KI, GR, cic.)
	3,717 3.1	
12 (1		-fNI-ti Day art an Other Data
12. Check App	opriate Box to Indicate Nature	of Notice, Report or Other Data
NOTICE OF INT	ENTION TO:	SUBSEQUENT REPORT OF:
		MEDIAL WORK ALTERING CASING
• =	_	MMENCE DRILLING OPNS.☐ P AND A 🖂
	MULTIPLE COMPL CA	SING/CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER.		urp.
OTHER:		HER:
13. Describe proposed or completed	operations. (Clearly state all pertine	nt details, and give pertinent dates, including estimated date
	SEE RULE 1103. For Multiple Con	ppletions: Attach wellbore diagram of proposed completion
or recompletion.		
9-30-16 Notified OCD of move in	and rig up. Set wireline CIBP in 5-1/2	" csg @ 3550'.
		550'-3303'. WOC & tag @ 3341'. Spot 30 sx @ 3111'-
		Byrd. Spot 30 sx @ 2021'-1725'. WOC overnight.
		@ 961'. Unable to get a squeeze rate. Notified Robert
	OC 0 4 0 7001 D 6 1 -! 1-4	20: C Correct C
		ARTESIA DISTRICT NOV 1 6 2016 RECEIVED
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Spud Date:	Rig Release Date:	
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I hereby certify that the information above	e is true and complete to the best of i	ny knowledge and belief.
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		DAME 11/1/001/
SIGNATURE HOW CON	TITLE Engineering	<u>Tech</u> DATE <u>11/1/2016</u>
m		DUONE 422 (22 401)
Type or print name <u>Traci Coursey</u>	E-mail address: <u>tco</u>	ursey@reimid.com PHONE: 432-683-4816
For State Use Only	1 1	
ADDROVED BY: N. I. + O I	TITLE AMMDIA	ANUE OFFICER DATE 1/1/6/16
APPROVED BY: fle Mil 2	ILLE CONTELLA	DATE ///8//0
Conditions of Approval (if any):		